

SPINAL CORD INJURY. By Valdimir Benes. (Pp. 202 ; figs. 27. 45s). London: Baillière, Tindall & Cassell, 1968.

EDWIN SMITH'S papyrus of 1700 B.C. describes traumatic paraplegia as "a disease not to be treated." As recently as 1942 Elsberg in his classic monograph on spinal lesions wrote that "a complete transection" of the spinal cord is lethal." Yet, less than 20 years later, reports from spinal treatment centres indicated that 70 per cent of patients with severe spinal cord injury can survive, usually to an acceptable life. Dr. Benes' book describes how this transformation has been brought about.

Dr. Benes, of the Neurosurgical Clinic of Charles University, Prague, records his experience with 241 patients who suffered severe spinal cord injury. The chapters on diagnosis, the principles of conservative treatment and the management of sequelae such as urinary infection and bedsores can be particularly recommended to those who wish to learn about modern methods. Improvement in the quality and duration of life after spinal injury depends on the measures described in these chapters.

To the specialist, the book's chief interest lies in the controversial section on treatment. Dr. Benes advocates early spinal cord decompression for most patients with severe cord injury. Many will agree that surgery can benefit the patient with an incomplete spinal cord lesion who is undergoing progressive neurological deterioration. The majority of patients however show evidence of severe spinal cord damage from the time of injury. Dr. Benes' results do not provide convincing evidence that such patients are helped by surgery. But this section, provocatively written, repays study as one of the few attempts to compare the merits of surgical and conservative treatment in the early hours after injury. Now that survival is likely, the early management becomes more important than ever.

The book concludes with chapters on likely developments in rehabilitation. The need for spinal injury treatment centres is, of course, axiomatic. In the technical field Dr. Benes sees more hope in cybernetic prostheses ("the semi-artificial nervous system" of Wiener) than in nerve anastomoses or by pass operations. Future advances may derive more from engineering than from medical science.
D.S.G.

HAEMATOLOGY IN DIAGNOSIS AND TREATMENT. By M. Maizels, M.D., F.R.C.P., F.R.S. ; T. A. J. Pranker, M.D., F.R.C.P., and J. D. M. Richards, M.A., M.D., M.R.C.P.(Edin.), M.C.Path. (Pp. xii+319 ; plates v. 70s). London: Baillière, Tindall & Cassell, 1968.

To many house physicians the diagnosis and treatment of patients with haematological disease presents problems. This difficulty has its beginnings in the summary fashion in which most textbooks of medicine deal with these disorders. It arises also from a frequent lack of any basic knowledge of laboratory procedures and their interpretation which is so essential in the management of haematological disease. In the absence of such a groundwork it later becomes difficult for the clinician ever to achieve competence in this field or to keep abreast of the rapid advances which are being made in it.

The book is written mainly for medical students and for the post graduate who has not specialised in haematology. It provides a concise and very readable account of the subject. The main emphasis is given to the clinical features of blood diseases but laboratory aspects are dealt with sufficiently to make their rationale clear with avoidance of detail which would quickly discourage reading by the average medical student. The reviewer felt that some parts of the book could well be improved. For example, the section on lymphoma is rather too condensed and in the account of acute leukaemia, insufficient distinction is made between the disease in the adult and in childhood, especially as regards treatment. The colour plates are also disappointing. However, these are not major criticisms and the book can be recommended to medical students as offering a good groundwork in haematology which they will find to be of considerable value at the time of their later clinical responsibilities.

J.H.R.